

NEARLY HALF OF ALL LIVING ADULTS WHO HAVE EVER SMOKED
HAVE QUIT.

FIFTEEN YEARS AGO, AT MEDICAL MEETINGS, WHERE DOCTORS
SHOULD HAVE KNOWN BETTER, THE AIR WAS BLUE WITH SMOKE.

NOW YOU RARELY SEE A PHYSICIAN SMOKE;

THE ONLY SMOKE AT MEDICAL MEETINGS COMES FROM THE

~~SPOUSES.~~ DOCTOR'S WIVES

**FEW THINGS BRINGS ME AS MUCH SATISFACTION AS THE
DRAMATIC DECREASE IN SMOKERS DURING THE LAST 8 YEARS,
FROM 33 PERCENT TO 26 PERCENT.**

BUT THERE IS MORE TO DO.

THERE IS STILL PLENTY OF BAD NEWS.

SMOKING IS STILL THE SINGLE MOST DEADLY "HABIT" ...

ASSOCIATED WITH HIGHER MORTALITY AND ILLNESS THAN

DRUGS, AUTOMOBILES, AND AIDS COMBINED.

ALL THE AIDS PATIENTS WHO HAVE DIED SINCE WE KNEW ABOUT

THE DISEASE, 8 YEARS, EQUALS THE SMOKING DEATHS OF ONLY

4 MONTHS.

THE NUMBERS OF DEATHS ANNUALLY ATTRIBUTABLE TO

SMOKING HAVE RISEN WITH EACH SURGEON GENERAL'S REPORT.

THE NEWEST STATISTICS, THE NEWEST STUDIES ARE GRIM.

**THEY DOCUMENT CONCLUSIVELY THE CAUSAL RELATIONSHIP
BETWEEN SMOKING AND CANCER OF SEVERAL ORGANS.**

**SMOKING IS A CLEARLY ESTABLISHED CAUSE OF CANCER OF THE
LUNG, LARYNX, ORAL CAVITY, AND ESOPHAGUS.**

**SMOKING ELEVATES THE DEATH RATES FOR CANCERS OF THE
BLADDER, KIDNEY, PANCREAS, STOMACH, AND CERVIX.**

FURTHERMORE, PASSIVE OR INVOLUNTARY SMOKING HAS BEEN ESTABLISHED AS A CAUSE OF LUNG CANCER IN NON-SMOKERS. PIPE AND CIGAR SMOKERS SUFFER HIGHER RISKS --SOMETIMES EXCEEDING THE RISKS OF CIGARETTE SMOKERS-- FOR CANCER OF THE ORAL CAVITY, LARYNX, PHARYNX AND ESOPHAGUS.

THE DATA BASE FOR THESE CONCLUSIONS IS VOLUMINOUS AND UNASSAILABLE, TRACKING MORE THAN 2 MILLION INDIVIDUALS IN ALL 50 STATES.

THE EVIDENCE MAKES CLEAR THE INCREASED MORTALITY RISK FACTORS CAUSED BY SMOKING: MALE SMOKERS EXPERIENCE A 22-FOLD GREATER LUNG CANCER MORTALITY RISK THAN MALE NON-SMOKERS;

AMONG WOMEN SMOKERS THE LUNG CANCER RISK IS 12 TIMES GREATER.

FORMER SMOKERS ENJOY LOWERED MORTALITY RISKS, THOUGH NOT AS LOW AS NON-SMOKERS.

WHILE THE STUDIES REVEAL A DOUBLED LUNG CANCER RISK FOR MALE SMOKERS, AND A 4-FOLD INCREASE LUNG CANCER RISK FOR SMOKING FEMALES, THE LUNG CANCER MORTALITY RATE FOR NONSMOKERS REMAINED UNCHANGED FOR BOTH MEN AND WOMEN DURING THE YEARS COVERED BY THE STUDIES.

**THE TOTAL NUMBER OF SMOKING-RELATED CANCER DEATHS WE
CAN EXPECT IN 1990 WILL APPROACH 175,000.**

THIS AMOUNTS TO 35 PERCENT OF ALL CANCER DEATHS.

THESE, TRAGICALLY, ARE "EXCESS" OR PREMATURE DEATHS.

**THESE 175,000 DEATHS WOULD NOT BE EXPECTED THIS YEAR IF
TOBACCO USERS EXPERIENCED THE SAME DEATH RATES AS
THOSE WHO DO NOT USE TOBACCO.**

OF COURSE, CANCER IS NOT THE ONLY PROBLEM.

**CIGARETTE SMOKING ALSO LEADS TO DEATH FROM CORONARY
HEART DISEASE.**

**AND ALTHOUGH THE SMOKING-RELATED RISK FACTOR FOR
CORONARY HEART DISEASE IS LOWER THAN THAT FOR CANCER,
THE NUMBER OF SMOKING-RELATED CORONARY HEART DISEASE
DEATHS IS LARGE SIMPLY BECAUSE CORONARY HEART DISEASE
REMAINS THE GREATEST SINGLE CAUSE OF DEATH IN OUR
SOCIETY.**

SMOKING ACCOUNTS FOR ABOUT 21 PERCENT OF THOSE DEATHS.

HOWEVER, THIS DARK CLOUD HAS A SILVER LINING.

THE PRESENT CORONARY HEART DISEASE AGE-ADJUSTED DEATH RATE IS 50 PERCENT LOWER THAN IN THE 1960s; THE REDUCTION IN SMOKING IS A MAJOR FACTOR IN THIS DECLINE.

QUITTING SMOKING REDUCES MORE SIGNIFICANTLY THE RISK FOR CORONARY HEART DISEASE THAN THE RISK FOR LUNG CANCER.

FIVE OR TEN YEARS OFF CIGARETTES GIVES A RISK FACTOR SIMILAR TO THAT FOR THOSE WHO NEVER SMOKED.

**THIS DECLINE HAS PROGRESSED TO THE POINT WHERE LUNG
CANCER, NO LONGER CORONARY HEART DISEASE, IS THE SINGLE
LARGEST CAUSE OF EXCESS MORTALITY AMONG AMERICAN
SMOKERS.**

**CONTINUING OUR GOOD NEWS/BAD NEWS THEME, THAT GOOD
NEWS --ABOUT LOWER RATES OF CORONARY HEART DISEASE
BECAUSE PEOPLE HAVE STOPPED SMOKING-- IS FOLLOWED BY
SOME NEW BAD NEWS, ESPECIALLY ABOUT WOMEN.**

THE CONTINUING INCREASE IN LUNG CANCER AMONG WOMEN SMOKERS IS PARTICULARLY ALARMING BECAUSE THE MAGNITUDE OF THE RISK IS SURPRISING.

WOMEN BEGAN TO SMOKE IN GREAT NUMBERS ABOUT THREE DECADES LATER THAN MEN, SO WE ARE SEEING ONLY NOW THE CONSEQUENT INCREASE IN SMOKING-RELATED ILLNESS.

RECENT STUDIES REVEALED A DECLINE IN MORTALITY RATES FROM LUNG CANCER IN MALES UNDER 55, WHILE AMONG WOMEN THE RATE INCREASED BY 30 PERCENT.

LUNG CANCER HAS NOW SURPASSED BREAST CANCER AS A CAUSE OF DEATH IN WOMEN.

**WE MUST ENVISION A CATASTROPHIC EPIDEMIC OF LUNG
CANCER AMONG WOMEN IN COMING YEARS.**

THIS EPIDEMIC IS AS PREVENTABLE AS IT IS PREDICTABLE.

**DISCOURAGING STUDIES INDICATE THAT SMOKING IS ACTUALLY
INCREASING IN SOME SECTIONS OF THE FEMALE POPULATION,
AND THAT OVER-ALL SMOKING PREVALENCE AMONG WOMEN
MAY EXCEED THAT AMONG MEN WITHIN 5 YEARS.**

**A FINAL CONCLUSION OF THE NEWEST RESEARCH IS THAT
SMOKING A MAJOR CAUSE OF STROKE (CEREBROVASCULAR
DISEASE).**

**WE ESTIMATE THAT SMOKING IS RESPONSIBLE FOR ABOUT HALF
OF ALL STROKES OCCURRING IN PERSONS UNDER 65 YEARS OLD.**

**SO, EVEN THOUGH WE'VE MADE PROGRESS, AS A SOCIETY WE'RE
STILL BURDENED WITH THE TREMENDOUS AMOUNT OF
SUFFERING AND HARDSHIP THAT GOES ALONG WITH ALL THESE
DEATHS...**

THE PEOPLE OF AMERICA ARE STILL BURDENED WITH THE ECONOMICS OF SMOKING.

WE STILL HAVE TO COME UP WITH THE MONEY TO PAY THE ANNUAL SMOKING-AND-HEALTH BILL OF \$39 BILLION.

THAT'S FOR PERSONNEL AND MEDICAL TECHNOLOGY AND INSURANCE AND LOST WAGES...ALL THE REAL, BASIC COSTS LEVELLED AGAINST US ALL BY DISEASE AND DISABILITY.

**SOME 50 MILLION AMERICANS STILL SMOKE, SO OUR EDUCATION
CAMPAIGNS AND OUR SELF-HELP GROUPS MUST CONTINUE
THEIR GOOD WORK.**

**WE MUST GUARD AGAINST COMPLACENCY, AND INTENSIFY OUR
EFFORTS TO ELIMINATE THE GREATEST CAUSE OF PREVENTABLE
DISEASE AND DEATH AFFLICTING OUR SOCIETY.**

AND THE TOBACCO INDUSTRY HAS NOT GIVEN UP.

**I DOUBT THAT YOU CAN FIND A MORE HEAVY-HANDED, OBTUSE,
IMPOLITIC, AND UNTRUTHFUL GROUP OF CORPORATIONS
ANYWHERE IN THE GREAT PANOPLY OF AMERICAN PRIVATE
ENTERPRISE.**

**ALMOST FROM MY FIRST DAY IN OFFICE, THE INDUSTRY
REMINDED ME AGAIN AND AGAIN -- AND NOT VERY SUBTLY
EITHER -- THAT I OUGHT TO GET OFF MY ANTI-SMOKING "HOBBY-
HORSE," AS ONE TOBACCO LOBBYIST CALLED IT, AND PAY
ATTENTION TO OTHER, ALLEGEDLY MORE IMPORTANT PUBLIC
HEALTH MATTERS.**

**ECHOES OF THEIR COMPLAINTS WERE RELAYED TO ME FROM
THE WHITE HOUSE, THE CONGRESS, AND EVEN FROM MEMBERS
OF THE PRESS, WHO HAVE OFTEN BEEN THE GULLIBLE CARRIERS
OF THE INDUSTRY'S DISASTROUS MESSAGE.**

**I ALSO READ THEIR DECEPTIVE, FULL-PAGE ADVERTISEMENTS
THAT LIFTED MENDACITY AND HALF-TRUTHS TO A NEW AND
HIGHER LEVEL OF FAUSTIAN ART.**

**TO BE PERFECTLY HONEST, I DID NOT ASSUME THE POSITION OF
SURGEON GENERAL WITH THE CLEAR INTENTION OF BEING SO
PRO-ACTIVE AN OPPONENT OF TOBACCO AS I HAVE BEEN. BUT
THEN I BEGAN TO STUDY IN SOME DEPTH THE
INCONTROVERTIBLE TRUTHS ABOUT THE HEALTH HAZARDS OF
SMOKING.**

**AND I MUST TELL YOU THAT I WAS AT FIRST DUMBFOUNDED AND
THEN PLAINLY FURIOUS AT THE TOBACCO INDUSTRY FOR
ATTEMPTING TO OBFUSCATE AND TRIVIALIZE THIS
EXTRAORDINARILY IMPORTANT PUBLIC HEALTH INFORMATION.**

**HOW COULD THE TOBACCO INDUSTRY DARE TO DISMISS AS
UNFOUNDED AND UNPROVEN THE ABSOLUTELY CLEAR
CONNECTION BETWEEN SMOKING AND HEART DISEASE ...
BETWEEN SMOKING AND DEATHS FROM STROKE ... BETWEEN
SMOKING AND CANCER OF THE LUNG, THE MOUTH, THE
ESOPHAGUS, AND OF THE STOMACH ... AND BETWEEN SMOKING
AND A DOZEN OR MORE SERIOUS, DEBILITATING, EXHAUSTING,
EXPENSIVE, AND HUMILIATING DISEASES?**

HOW COULD THEY DARE TO DO THAT? I WONDERED.

THE ANSWER WAS ... THEY JUST DID.

**AND THEY FLAUNTED THEIR ABILITY TO BUY THEIR WAY INTO
THE MARKETPLACE OF IDEAS AND POLLUTE IT WITH THEIR
FALSE AND DEADLY INFORMATION.**

**AS RECENTLY AS TWO WEEKS AGO, REPRESENTATIVES OF THE
TOBACCO INTERESTS COMPLAINED THAT THE WORD "ADDICTION"
IS INAPPROPRIATELY APPLIED TO SMOKING BECAUSE IT MAKES
TOBACCO SEEM LIKE HARD DRUGS.**

THEY KNOW THAT IT IS ADDICTIVE LIKE HARD DRUGS.

THEY ARE AS SLEAZY AS EVER.

**THE 1988 SURGEON GENERAL'S REPORT OFFERED IRREFUTABLE
EVIDENCE THAT NICOTINE HAD ALL THE ATTRIBUTES OF AN
ADDICTIVE DRUG ... IN OTHER WORDS, CONSTANT SMOKING WAS
CLINICALLY AN ADDICTION.**

POPULAR FOLKLORE HAD PREDICTED SCIENCE:

**FOR A LONG TIME PEOPLE HAD TALKED ABOUT GETTING
"HOOKED" -- AS THE SAYING GOES -- ON CIGARETTES, AS THEY
GET "HOOKED" ON HEROIN, COCAINE, MARIJUANA, AND
ALCOHOL.**

**THE ADDICTION REPORT PRESENTS CONVINCING EVIDENCE THAT
THE PHARMACOLOGIC AND BEHAVIORAL PROCESSES THAT
DETERMINE TOBACCO (NICOTINE) ADDICTION ARE SIMILAR TO
THOSE PROCESSES THAT MAKE COCAINE AND HEROIN
ADDICTIVE.**

THE DEFINITIONS USED IN THAT REPORT ARE NOT MINE.

THEY ARE NOT IN ANY SENSE ARBITRARY.

**TOBACCO IS AN ADDICTIVE DRUG, ACCORDING TO THE
STANDARD DEFINITION OF DRUG ADDICTION ADOPTED BY THE
WORLD HEALTH ORGANIZATION, THE AMERICAN PSYCHIATRIC
ASSOCIATION, AND THE A.M.A.**

IN OTHER WORDS...

- * TOBACCO IS A "MOOD-ALTERING" SUBSTANCE ...**
- * SMOKERS ARE COMPULSIVE IN THEIR USE OF TOBACCO ...**
- * TOBACCO REWARDS THE USER -- IT IS, THEREFORE, A
"REINFORCING" SUBSTANCE ...**
- * SMOKERS BUILD UP A TOLERANCE TO NICOTINE AND, FROM
TIME TO TIME, WILL REQUIRE HIGHER DOSE LEVELS TO
GET THEIR NICOTINE "HIGH" ...**

- * PHYSICAL DEPENDENCE CAN OCCUR, WHICH MEANS A
WITHDRAWAL SYNDROME FOR THOSE WHO QUIT ...**
- * AND -- AS WITH HEROIN, COCAINE, AND OTHER ADDICTIVE
DRUGS -- THE USER WILL VERY LIKELY RELAPSE AND
RETURN TO THE USE OF THE DRUG.**

**I FEEL VERY STRONGLY THAT THE PEOPLE OF AMERICA NEED TO
BE WARNED REPEATEDLY ABOUT THE ADDICTIVE NATURE OF
TOBACCO. AND THE NON-SMOKERS NEED TO DO ALL THEY CAN
TO GET THE SMOKERS TO STOP.**